

PROVIDER REQUEST FOR COURSE APPROVAL

- Instructions:
1. Please complete a course approval application for each course you wish to receive NHAP credit for.
 2. Please enclose a **\$15.00 fee** (payable to NHAP) for **each** course you are requesting NHAP credit for.
 3. Application for course approval **must be** submitted and received by NHAP 30-days prior to course date.
Courses received less than 30-days prior to course date may be denied.
 4. Submit to NHAP, P.O. Box 997416, MS 3302, Sacramento, CA 95899-7416

PLEASE PRINT OR TYPE

NAME OF PROVIDER		PROVIDER NUMBER	TELEPHONE NUMBER	
ADDRESS OF RECORD (STREET AND NUMBER)		(CITY)	(STATE)	(ZIP CODE)
TITLE OF COURSE			PROVIDER E-MAIL ADDRESS	
DATE(S) OFFERED		TOTAL CLASS HOURS	UNITS (SEMESTER/QUARTER)	
TYPE OF OFFERING (SEMINAR, LECTURE, WORKSHOP, ETC.) <input type="checkbox"/> SEMINAR <input type="checkbox"/> WORKSHOP <input type="checkbox"/> LECTURE <input type="checkbox"/> OTHER (DESCRIBE BELOW)		LECTURE / COURSE CONTENT		
"P" CREDIT TOPICS & HOURS REQUESTED <input type="checkbox"/> Resident Care <input type="checkbox"/> Personnel Management <input type="checkbox"/> Financial Management <input type="checkbox"/> Environment Management		<input type="checkbox"/> Regulatory Management <input type="checkbox"/> Organizational Management <input type="checkbox"/> Patient Care and Aging <input type="checkbox"/> Administration, Leadership, and Management <input type="checkbox"/> Other		
VARIABLE HOURS (MIN. / MAX. HOURS A PARTICIPANT CAN RECEIVE) _____ MINIMUM _____ MAXIMUM		<input type="checkbox"/> 1 DAY <input type="checkbox"/> 2 DAY <input type="checkbox"/> 3 DAY <input type="checkbox"/> 4 DAY <input type="checkbox"/> 5 DAY (OR MORE)		
PREREQUISITES				
INSTRUCTOR NAME			FEES	
INSTRUCTOR EDUCATION				
INSTRUCTOR TEACHING EXPERIENCE				
INSTRUCTOR EXPERIENCE IN LONG-TERM CARE				
BRIEF DESCRIPTION OF COURSE (1-3 BULLETS)				
COURSE OBJECTIVES (1-3 MAIN BULLETS)				

COMPLETE REVERSE SIDE OF FORM

TEACHING METHODS
COURSE CONTENT: <i>(OUTLINE FORM INCLUDING HOUR-BY-HOUR AGENDA)</i>
METHOD OF COURSE EVALUATION BY STUDENTS

*Maintenance of the information requested on this application form is authorized by Section 1416.50 of the Health and Safety Code. No items of information are voluntary; all are required. **Failure to provide any of the required information or to submit 30-days prior to course date will result in the application being rejected as incomplete.***

SIGNATURE OF APPLICANT	DATE
NAME/TITLE <i>(PRINT)</i>	

APPLICANTS—DO NOT USE THE SPACE BELOW—FOR NHAP USE ONLY

Your request for course approval has been reviewed by Program staff and the following decision has been made:

- ☐ The course is approved for general (G) credit.
- ☐ The course is approved for Patient Care or Aging (P).
- ☐ The course is approved for half credit because it is in an allied field.
- ☐ NHAP credit is denied. See enclosed letter.
- ☐ Patient care/aging hours identified in break-out sessions. See enclosed letter.

NHAP COURSE NUMBER	APPROVED BY	HOURS APPROVED
COURSE APPROVAL EXPIRATION DATE	DENIED BY	DATE

FOR NHAP OFFICE USE ONLY			
CASH. # _____ NHAP INITIALS _____ AMOUNT _____	STATUS <input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Less than 30 days <input type="checkbox"/> Missing Information		
	<input type="checkbox"/> Resume(s) if applicable		<input type="checkbox"/> Agendas
	<input type="checkbox"/> \$15.00 Fee for each course		Number of courses offered
	STAFF	DATE PROCESSED	

THIS FORM MAY BE DUPLICATED